

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007207

AMENDED

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 63

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

Marion

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

Marion

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Hannibal

Length of stay in 1b

1 yr

c. CITY

OR TOWN

Hannibal

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Oakwood Nursing Home

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

3301 Market St.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Grace

Irene

McReynolds

4. DATE OF DEATH

Month

Day

Year

Feb. 16,

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

Aug. 10, 79

## 9. AGE (last birthday)

(82)

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Practical Nursing

## 10b. KIND OF BUSINESS OR INDUSTRY

Barnes Hospital

## 11. BIRTHPLACE (City and state or country)

Knox County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

James R. Purdy

## 13b. MOTHER'S MAIDEN NAME

Irene Laughlin

## 14. NAME OF HUSBAND OR WIFE

Pearl McReynolds

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Myrtle Turner, Hannibal, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Pyelitis

5 days

## DUE TO (c)

General Arteriosclerosis

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Jan 1961

to

Feb 16/1962

and last saw her

live on Feb 16 1962

## Death occurred at

7:40

P. m

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Selmer R. Miller DO

## 22b. ADDRESS

Hannibal Mo

## 22c. DATE SIGNED

2-21-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Feb. 19, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

LaBelle Cemetery

## 23d. LOCATION (City, town, or county)

LaBelle, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Clark Funeral Home, Hannibal, Mo.

## 25. DATE RECD. BY LOCAL REG.

Feb 17, 1962

## 26. REGISTRAR'S SIGNATURE

D.E.M. Lucke by D.E.M. Lucke

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4717

P. O. Address Samuel No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.